CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
(1)	1						51					
2		1					52					
3							53					
4							54					
5							55					
6		1					56					
7		1					57					
8							58					
9							59					
10							60					
11							61					
12							62					
13		1					63					
14							64					
(15)	1	1					65					
16							66					
17							67					
18		2					68					
19		1					69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26		1					76					
27		1					77					
28							78					
29		1					79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	31						Total Depend					
Total Claims	33						Total Claims					